Health, Welfare Public Service

300 -57 2

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016545

STATE FILE NUMBER

FILED APR 28 1959

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 615

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN Washington Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hospital No. 3 — Length of stay in 1b 2 yr 5 mo 18 d

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Joplin 0495 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 621 W. 4th St. (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First: ROSEMARIE Middle: STRONG Last: KISSEL

4. DATE OF DEATH Month: 4 Day: 18 Year: 1959

5. SEX F. 1

6. COLOR OR RACE W.

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH Nov. 29. 1885

9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Cain City, Kansas

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME John Alexander Strong

13b. MOTHER'S MAIDEN NAME Margaret Belvedere Rose

14. NAME OF HUSBAND OR WIFE Bernard L. Kissel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Hospital record. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c) 4221
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12/31/1956, to 4/18/1959 and last saw her/him alive on 4/18/1959
Death occurred at 7:55 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George Eskew, M.D.

22b. ADDRESS State Hospital No. 3 Nevada, Mo.

22c. DATE SIGNED 4/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE April 21, 1959

23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery

23d. LOCATION (City, town, or county) (State) Webb City, Missouri

24. FUNERAL DIRECTOR Thornhill-Dillon **ADDRESS** Joplin Mo.

25. DATE RECD. BY LOCAL REG. 4-21-1959

26. REGISTRAR'S SIGNATURE Annal E. Perry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Robert C. Roller

Licensed Embalmer No. 5062

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.